

**RECEIVED
CENTRAL FAX CENTER**

JUN 17 2005

FAX TRANSMITTAL COVER SHEET

TO: Commissioner for Patents
U. S. Patent and Trademark Office
Art Unit:

FAX NO.: (703) 872-9306

DATE: June 17, 2005

FROM: Ellen Baker

Conley Rose, P.C.
JPMorgan Chase Tower
600 Travis Street, Suite 7100
Houston, Texas 77002-2912

TELEPHONE: (713) 238-8000

FAX: (713) 238-8008

CLIENT NO.: 2416-00300

TOTAL NUMBER OF PAGES (INCLUDING THIS ONE) 3

COMMENTS:Re: U.S. Patent Application No. 10/804,775
Filing Date: 03/19/2004
Applicant(s): Kathy Maida-Smith and Steven W. Engle

The following documents are attached for filing:

*Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence
Address for Kathy Maida-Smith (1 p.)
Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence
Address for Steven W. Engle (1 p.)*

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being sent by facsimile transmission on the date shown below to the facsimile number above to the U.S. Patent and Trademark Office, in accordance with 37 CFR § 1.6(d).

Stephanie E. Wellman
(Type or print name of person faxing paper)

Date: June 17, 2005


(Signature of person faxing paper)

This facsimile and the information it contains is intended to be a confidential communication only to the person or entity to whom it is addressed. If you have received this facsimile in error, please notify us by telephone.


JUN 17 2005

PTO/SB/82 (04-05))

Approved for use through 11/30/2005 OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/804,775		
	Filing Date	03/19/2004		
	First Named Inventor	Kathy MAIDA-SMITH		
	Title	Network Management	Security System	Data and Method
	Art Unit			
	Examiner Name			
	Attorney Docket No.	2416-00300 (prev. MSC-238)		
I hereby revoke all previous powers of attorney given in the above-identified application.				
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 23505				
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number: 23505				
<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
Telephone		Fax		
I am the: <input type="checkbox"/> Applicant/inventor. Under 37 CFR 3.73(b) Assignee certifies that it is: <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
Company				
Signature				
Name:	Kathy Maida-Smith			
Date	6/16/2005		Telephone: 281-461-7085	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.				

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) and application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

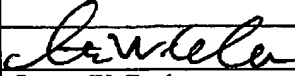
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

JUN 17 2005

PTO/SB/82 (04-05)

Approved for use through 11/30/2005 OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/804,775		
	Filing Date	03/19/2004		
	First Named Inventor	Kathy MAIDA-SMITH		
	Title	Network Security Data Management System and Method		
	Art Unit			
	Examiner Name			
Attorney Docket No.		2416-00300 (prev. MSC-238)		
I hereby revoke all previous powers of attorney given in the above-identified application.				
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 23505				
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number: 23505				
<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
Telephone		Fax		
I am the: <input type="checkbox"/> Applicant/inventor. Under 37 CFR 3.73(b) Assignee certifies that it is: <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
Company				
Signature				
Name:	Steven W. Engle			
Date	6/16, 2005		Telephone: 281-461-7085	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
<input checked="" type="checkbox"/> *Total of 1 forms are submitted.				

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) and application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.